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TELEHEALTH INFORMED CONSENT

Definition of Telehealth: *Telehealth involves the use of electronic communications to enable the therapist to connect with individuals using interactive video and audio communications.*

I, _____ (please print name of client) hereby consent to engage in Telehealth at the office of **Deborah A. Lowe, PsyD, LMFT** as part of my psychotherapy. I understand that "Telehealth" includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psycho-education using interactive audio, video, or data communications. I understand that, with my signed consent, telehealth may also involve the communication of my mental health information, both orally and visually, to other health care practitioners located in the State of California.

Technology: I understand that I will need to download an application and/or software to use this platform. I also need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services.

I understand that using the Telehealth platform allows access to mental health services that might not otherwise be available to me due to my mental health, and/or my physical, resource, or geographic limitations.

Scheduling: I understand that scheduling is conducted through my therapist and is based on her normal clinical hours. Telehealth appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or mental health emergencies should be directed to the local county crisis line or by dialing 911.

Confidentiality: The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder and dependent adult abuse, expressed threats of violence towards an ascertainable victim, and where I make my mental or emotional state an issue in a legal

proceeding. Deborah Lowe's Telehealth platform is HIPPAA compliant to protect my privacy and confidentiality. This is further explained in the Mental Health Informed Consent which I have signed.

I understand that I have the following rights with respect to telehealth:

1. I have the right to withdraw my consent at any time.
2. I understand that there are risks and consequences associated with telehealth including, but not limited to the possibility, despite reasonable efforts on the part of my therapist, that the transmission of my services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to another form of therapy.
3. I understand that I may benefit from telehealth but that results cannot be guaranteed or assured.

I have read and understand the information provided above. I have discussed it with my therapist and all of my questions have been answered to my satisfaction. My signature below indicates my informed and willful consent to treatment using this platform.

By entering your typed name, you agree that the provided "e-signature" will be the electronic representation of your signature for the purposes of this document. You further understand your electronic signature will have the same legally binding effect assigning your signature using pen and paper. Submission of this signed and dated document shall evidence acceptance of your acknowledgement and consent.

_____ _____

Client's Signature Date

_____ _____

Provider's Name and Signature Date